



Tehama County Department of Education

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Tehama County
Superintendent
of Schools

School Attendance Review Board (SARB) Referral Packet

→ Referral Packet Checklist – Fill form out completely and attach:

- | | |
|---|---|
| <input type="checkbox"/> 1. Aeries Demographics Page | <input type="checkbox"/> 2. Current Year Attendance Record |
| <input type="checkbox"/> 3. Current Grades/Progress Report | <input type="checkbox"/> 4. Communication Record |
| <input type="checkbox"/> 5. Truancy Letters | <input type="checkbox"/> 6. Documentation of any Intervention |
| If applicable: | |
| <input type="checkbox"/> Attendance Meeting Contract/Notes | <input type="checkbox"/> I.E.P. Summary Information Page |
| <input type="checkbox"/> Chronic Health Verification or Care Plan | <input type="checkbox"/> Previous SARB or School Contracts |

Section 1: Student Information

Student Legal Name: _____

School: _____ Grade: _____

SSID#: _____ DOB: _____ Male Female

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Student resides with: Mother Father Other: _____

Interpretation Services Needed? Yes No Home Language: _____

Please check all that apply:

EL Student Homeless Foster Youth

Does the student have siblings attending any Tehama County school?

If yes, please list:

Sibling Name School Grade

Section 2: Referral Information

Attendance Pattern Summary Current Year - As of (date) _____:

_____ # of School Days to Date	_____ # of Excused Absences
_____ # of Actual Days Attended	_____ # of Unexcused Absences
_____ # of Days Absent (FULL DAY)	_____ # of <u>Unexcused</u> Tardies >30 min.
_____ # of Days Suspended	

Referral Date: _____ Person Making Referral: _____

Person Who Will Attend SARB: _____

If student is 5th Grade or younger:

Student will not be required to attend the SARB Hearing with their parent, unless School Administration feels that the child's presence is necessary. Be aware that the Board may ask the School Representative to leave the room with the student if age-inappropriate topics (substance use, domestic violence, etc) need to be discussed with the parent/guardian.

Administration would like young student to attend: Yes No

Section 3: School Services Provided

Were letters sent in the appropriate home language? Yes No

Did your school hold an Attendance Meeting/SART for the family? Yes No

If yes, what outcome: _____

Were any class schedule modifications made? Yes No

If yes, please describe: _____

What intervention services were attempted?

Counseling	Yes	No
Tutoring/Academic Support	Yes	No
Check In/Check Out	Yes	No
Admin Home Visit	Yes	No

Other: _____

Section 4: Student Wellbeing and History (check all that apply)

Social/Emotional – to the best of your knowledge

Student has a history of:

- Being bullied
- Being a bully
- Depression/anxiety
- Suicidal Ideation
- Substance Use
- Gang Involvement

Family has a history of:

- Incarcerated Parent
- Deported Parent
- Domestic Violence
- Abuse/Neglect
- Parental Substance Use
- Death/loss in the family

Health Related Issues

Chronic Health Diagnosis _____

Mental Health Diagnosis _____

Medication(s) _____

Aeries Medical History _____

Other _____

Is school nurse involved in this case? Yes No

Special Education (please be sure to attach IEP/504 Summary Page)

Assessment Status _____

Existing IEP Yes No IEP Date: _____

Existing 504 Plan Yes No 504 Date: _____

ERMHS Clinician or Case Manager: _____

**School Attendance Review Board
Student Report**

Any member of school staff may fill out this section – include additional copies as needed.

Student Name: _____

Person completing form: Administrator Teacher Counselor Office Staff

What are the strengths of this student or family?

Does this student complete work in class regularly? Out of class?

What is the student's attitude towards school? Towards peers?

How is this student when arriving at school (dressed appropriately, clean, fed, well rested, etc.)?

Any other information that the SARB should know? Information may be shared with the family.